PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |   |   |  |   |              |  |   |   |                        |    | ing Date<br>06/2006   | To be Mailed           |  |
|---|---|---|--|---|--------------|--|---|---|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I<br>(Column 1) (Column 2)  |   |   |  |   |              |  |   | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |                       |                        |  |
| FOR   |   |   | NUMBER FILED   |   | NUMBER EXTRA |  |   | RATE (\$)                               | FEE (\$)               |    | RATE (\$)             | FEE (\$)               |  |
|   | BASIC FEE<br>(37 CFR 1.16(a), (b),  | or (c))                                   | N/A  |   | N/A          |  |   | N/A                                     |                        | 1  | N/A                   |                        |  |
|   | SEARCH FEE<br>(37 CFR 1.16(k), (i),   | or (m))                                   | N/A  |   | N/A          |  |   | N/A                                     |                        |    | N/A                   |                        |  |
|   | EXAMINATION FE<br>(37 CFR 1.16(o), (p),   | E<br>or (q))                              | N/A  |   | N/A          |  |   | N/A                                     |                        |    | N/A                   |                        |  |
|   | FAL CLAIMS<br>CFR 1.16(i))  |   | minus 20 =   |   |              |  |   | x \$ =                                  |                        | OR | x s =                 |                        |  |
|   | EPENDENT CLAIM<br>CFR 1.16(h))  |   | minus 3 =  |   |              |  |   | x \$ =                                  |                        | ]  | x \$ =                |                        |  |
|   | APPLICATION SIZE<br>(37 CFR 1.16(s))  | FEE shee<br>is \$2<br>addi                | If the specification and drawin<br>sheets of paper, the application<br>is \$250 (\$125 for small entity)<br>additional 50 sheets or fraction<br>35 U.S.C. 41(a)(1)(G) and 37 |   |              | n size fee due<br>for each<br>i thereof. See |   |   |                        |    |                       |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |   |   |  |   |              |  |   | TOTAL                                   |                        | 1  |                       |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.   |   |   |  |   |              |  |   |   | L                      | J  | TOTAL                 |                        |  |
| APPLICATION AS AMENDED - PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY |   |   |  |   |              |  |   |   |                        |    |                       |                        |  |
| AMENDMENT   | 02/05/2009  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA                             |   | RATE (\$)                               | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
|   | Total (37 CFR<br>1.18(i))   | · 11                                      | Minus  | <del></del> 20                              |              | = 0  |   | x \$ =                                  |                        | OR | X \$52=               | 0                      |  |
|   | Independent<br>(37 CFR 1.16(h))   | • 1                                       | Minus  | <b></b> -3                                  |              | = 0  |   | x \$ =                                  |                        | OR | X \$220=              | 0                      |  |
|   | Application Size Fee (37 CFR 1.16(s))   |   |  |   |              |  |   |   |                        |    |                       |                        |  |
| Ĺ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))   |   |  |   |              |  |   |   |                        | OR |                       |                        |  |
|   |   |   |  |   |              |  |   | TOTAL<br>ADD'L<br>FEE                   |                        | OR | TOTAL<br>ADD'L<br>FEE | 0                      |  |
| (Column 1) (Column 2) (Column 3)  |   |   |  |   |              |  |   |   |                        |    |                       |                        |  |
| AMENDMENT   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUME<br>PREVIO<br>PAID I            | BER          | PRESENT<br>EXTRA                             |   | RATE (\$)                               | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
|   | Total (37 CFR<br>1,16(i))   |   | Minus  | **  |              |  |   | x \$ =                                  |                        | OR | x \$ =                |                        |  |
|   | Independent<br>(37 CFR 1.16(h))   |   | Minus  | ***   |              |  |   | x \$ =                                  |                        | OR | x \$ =                |                        |  |
|   | Application Size Fee (37 CFR 1.16(s))   |   |  |   |              |  |   |   |                        | ]  |                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))   |   |  |   |              |  |   |   |                        | OR |                       |                        |  |
|   |   |   |  |   |              |  | • | TOTAL<br>ADD'L<br>FEE                   |                        | OR | TOTAL<br>ADD'L<br>FEE |                        |  |
| **  | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  "STEFANIE BRYCE/  "If the "Highest Number Previously Paid For" (Total or Independent is the highest number found in the appropriate box in column 1. |   |  |   |              |  |   |   |                        |    |                       |                        |  |

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.